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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 1010

| SERIAL NUMBER | FILING OR 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY<br>DOCKET NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/033,396    | 12/27/2001<br>RULE       | 435   | 1637           | GNE.2930R1C4           |

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/866,034 05/25/2001  
and claims benefit of 60/095,325 08/04/1998  
and claims benefit of 60/112,851 12/16/1998  
and claims benefit of 60/113,145 12/16/1998  
and claims benefit of 60/113,511 12/22/1998  
and claims benefit of 60/115,558 01/12/1999  
and claims benefit of 60/115,565 01/12/1999  
and claims benefit of 60/115,733 01/12/1999  
and claims benefit of 60/119,341 02/09/1999  
and claims benefit of 60/119,537 02/10/1999  
and claims benefit of 60/119,965 02/12/1999  
and claims benefit of 60/162,506 10/29/1999  
and claims benefit of 60/170,262 12/09/1999  
and claims benefit of 60/187,202 03/03/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED STATES OF AMERICA PCT/US99/12252 06/02/1999  
UNITED STATES OF AMERICA PCT/US99/28634 12/01/1999  
UNITED STATES OF AMERICA PCT/US99/28551 12/02/1999  
UNITED STATES OF AMERICA PCT/US00/03565 02/11/2000  
UNITED STATES OF AMERICA PCT/US00/04414 02/22/2000  
UNITED STATES OF AMERICA PCT/US00/05841 03/02/2000  
UNITED STATES OF AMERICA PCT/US00/08439 03/30/2000  
UNITED STATES OF AMERICA PCT/US00/14941 05/30/2000  
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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/05/2002

|  |   |                           |  |                      |                            |
|--|---|---------------------------|--|----------------------|----------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   |   | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>18  | TOTAL<br>CLAIMS<br>6 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   |                           |  |                      |                            |
| Verified and Acknowledged  |   | Examiner's Signature      | Initials   |                      |                            |
| ADDRESS  |   |                           |  |                      |                            |
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| TITLE  |   |                           |  |                      |                            |
| Secreted and transmembrane polypeptides and nucleic acids encoding the same  |   |                           |  |                      |                            |
| FILING FEE<br>RECEIVED<br>740  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           | <input type="checkbox"/> All Fees                              |                      |                            |
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